

SERFF Tracking Number:	CLTR-125362108	State:	Arkansas
Filing Company:	American Central Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AC N 83 04 07 AR PPA		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger Auto		
Project Name/Number:	Classic Car Program/		

Filing at a Glance

Company: American Central Insurance Company

Product Name: Private Passenger Auto

SERFF Tr Num: CLTR-125362108 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: AC N 83 04 07 AR PPA State Status: Fees received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Authors: Susan Coulter, Karen Pollitt, Stephanie Young, Linda Ryan-James

Disposition Date: 01/15/2008

Date Submitted: 11/20/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 01/15/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Classic Car Program

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/15/2008

State Status Changed: 11/20/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Privacy Notice Form (AC N 83 04 07) was inadvertently excluded from the original Classic Car Program

Introduction filing which was submitted on 6/11/07 and approved on 7/12/07. The file number of the original filing is AR-PC-07-025033.

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 Product Name: Private Passenger Auto
 Project Name/Number: Classic Car Program/

Company and Contact

Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Stephanie Young, Consultant stephaniey@coulter-and-associates.com
 C/O Coulter-and-associates.com (609) 443-7540 [Phone]
 Cranbury, NJ 08512 (609) 443-4103[FAX]

Filing Company Information

American Central Insurance Company CoCode: 37915 State of Domicile: Missouri
 One Beacon Street Group Code: 1129 Company Type: Property and
 Casualty
 Boston, MA 02108-3106 Group Name: State ID Number:
 (617) 725-6000 ext. [Phone] FEIN Number: 04-2672903

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Form filing = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Central Insurance Company	\$50.00	11/20/2007	16733611

<i>SERFF Tracking Number:</i>	<i>CLTR-125362108</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Classic Car Program/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/15/2008	01/15/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
CLTR-125362108	Note To Reviewer	Stephanie Young	01/14/2008	01/14/2008

<i>SERFF Tracking Number:</i>	<i>CLTR-125362108</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Classic Car Program/</i>		

Disposition

Disposition Date: 01/15/2008

Effective Date (New): 01/15/2008

Effective Date (Renewal):

Status: Approved

Comment: This form was left out of their original filing by mistake.

Rate data does NOT apply to filing.

SERFF Tracking Number:	CLTR-125362108	State:	Arkansas
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Product Name:	Private Passenger Auto		
Project Name/Number:	Classic Car Program/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	Authorization to File	Approved	No
Form	Countrywide Privacy Notice	Approved	No

<i>SERFF Tracking Number:</i>	<i>CLTR-125362108</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Classic Car Program/</i>		

Note To Reviewer

Created By:

Stephanie Young on 01/14/2008 08:37 AM

Subject:

CLTR-125362108

Comments:

Can you please let me know the status of this filing?

Thank you,
Stephanie Young

SERFF Tracking Number:	CLTR-125362108	State:	Arkansas
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Product Name:	Private Passenger Auto		
Project Name/Number:	Classic Car Program/		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Countrywide Privacy Notice	AC N 83	04 07	Disclosure/ New Notice		0.00	Countrywide Privacy Notice AC N 83 04 07.pdf

Our Policy Regarding Your Privacy

In order to provide the insurance products and services that respond to our customers' diverse needs, OneBeacon Insurance Group ("OneBeacon") collects certain personal information. OneBeacon does not disclose any nonpublic personal information to any affiliated or nonaffiliated third party for marketing purposes. At OneBeacon, maintaining the confidentiality of our customers' personal information is of the highest importance. OneBeacon's personal information-handling practices are governed by this privacy policy and are further regulated by law. This notice describes those practices and how they preserve your privacy in a way that permits OneBeacon to provide you with the products and service you demand.

Collection of Personal Information

We get most of our information directly from you. The application you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. Depending on the nature of your insurance transaction, we may need additional information about you or other potential insureds from outside sources such as motor vehicle records, loss information reports, credit reports, court records or other public records. For property insurance, we may send someone to inspect your property and verify information about its value and condition, and a photo of the property may be taken.

We also may obtain information from third parties such as other insurance companies or consumer reporting agencies. A consumer report from such an agency may contain information as to credit worthiness and credit standing. If we order any kind of consumer report, upon request, we will tell you how to get a copy of the report. The agency preparing a consumer report for us may keep the information collected about you as permitted by law, and it may be disclosed to other persons.

Disclosure of Personal Information

Information which has been collected about you will be contained in either our policy records or in your agent's files. We review it in evaluating your request for insurance coverage and in determining your rates. We will also use information in our policy records for purposes related to issuing and servicing insurance policies and settling claims. OneBeacon may disclose personal information to others in order to service, process or administer business such as underwriting and claims operations. In this context, OneBeacon may disclose (i) information we receive from you on applications and other forms, including information such as assets, income, and identifying information such as name, address and social security number; (ii) transaction information such as information about balances, payment history and parties to the transaction; and (iii) information from consumer reporting agencies such as a consumer's credit worthiness and credit history.

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report, we will tell you as required by state law and the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report.

Parties to Whom Information May be Disclosed

OneBeacon will not disclose information about you to others without your written consent unless the disclosure is necessary to conduct our business. By law, OneBeacon is permitted to share information about you without prior permission under certain circumstances to certain persons and organizations such as:

- Your agent or broker.

- Parties who perform a business, professional or insurance function for our company, including our reinsurance companies.

- Claim adjusters, appraisers, investigators and attorneys who need the information to investigate, defend or settle a claim involving you.

- Insurance support organizations which are established to collect information for the purpose of detecting and preventing insurance crimes and fraudulent claims.

Insurance regulatory agencies in connection with the regulation of our business.

Law enforcement or other governmental authorities to protect our legal interest, or in cases of suspected fraud or illegal activities.

Authorized persons as ordered by subpoena, warrant or other court order or as required by law.

Lienholder, mortgagee, assignee, lessor, or other person shown on our records or our agent's as having a legal or beneficial interest in a policy of insurance.

Parties acting in a fiduciary or representative capacity to you (attorneys, accountants and auditors).

Insurance rate advisory organizations.

Parties enforcing OneBeacon's rights in connection with the settlement of a debt, the transfer of interests or an audit.

Parties administering transactions as requested or authorized by you.

Right of Access to Personal Information

You have the right to know what kind of information we keep in our files about you, to have reasonable access to it and to receive a copy. Write to us if you have questions about the information. Provide your complete name, address, type of policy and policy number that was issued or applied for with us. Mail your request to: Privacy Administrator, Post Office Box 254, Canton, MA 02021-0254. Certain types of information generally collected when evaluating claims or possible lawsuits need not be disclosed to you.

Within thirty (30) business days of receipt of your request, we will inform you in writing of the nature and substance of retrievable recorded personal information about you in our files. You may review this information in person or receive a copy by mail. We will also identify the person or organization to which we have disclosed this information within the past two (2) years. In addition, you will be given the name and address of any consumer reporting agency which prepared a report about you so that you can contact them for a copy.

After you have reviewed the personal information about you in our file, you can write to us if you believe it should be corrected, amended or deleted. We will consider your request, and within thirty (30) days either change the information or tell you that we did not and state the reason. If we do not make changes, you will have the right to insert in our file a concise statement containing what you believe to be the correct, relevant or fair information, and explaining which information on file you believe to be improper. We will notify persons designated by you to whom we have previously disclosed the information of the change or your statement. Subsequent disclosures we make also will include your statement.

Confidentiality and Security of Personal Information

Our company maintains appropriate standards and procedures to prevent unauthorized access to your information. OneBeacon limits employee access to personally identifiable information to those with a business reason for knowing such information. We educate our employees so that they will understand the importance of confidentiality of personal information and take appropriate measures to enforce privacy responsibilities.

Treatment of Personal Information of Former Customers

OneBeacon follows this personal information privacy policy even when a customer relationship no longer exists.

If you have additional questions about the privacy of your personal information or about your insurance needs in general, please contact your agent.

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Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CLTR-125362108</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/15/2008
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Comments:

Attachment:

AR NAIC P&C Transmittal-PPA Form 2.pdf

Satisfied -Name:	Authorization to File	Review Status:	Approved	01/15/2008
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Comments:

Attachment:

ACIC filing authority letterhead.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
One Beacon					1129
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
American Central Insurance Company	Missouri	37915	04-2672903		

5. Company Tracking Number	AC N 83 04 07 AR PPA Form
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Stephanie Young 379 Princeton-Hightstown Road Cranbury, NJ 08512	Sr. Compliance Consultant	(609) 443- 7540	(609) 443- 4103	stephaniey@coulter- and-associates.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Stephanie Young		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Classic Car Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AC N 83 AR PPA Form
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Privacy Notice Form (AC N 83 04 07) was inadvertently excluded from the original Classic Car Program Introduction filing which was submitted on 6/11/07 and approved on 7/12/07. The file number of the original filing is AR-PC-07-025033.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Form filing = \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AC 83 N AR PPA Form
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Privacy Notice	AC N 83 04 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state

American Central Insurance Company
One Beacon Lane
Canton, MA 02021

Date: May 15, 2007
To: State Insurance Departments
From: Gavin Blair
Subject: Filing Authority for Coulter & Associates, Inc.

I, *Gavin Blair*, an officer of American Central Insurance Company, have authorized Coulter & Associates, Inc., acting as our Contracts Consultants, to file products and correspond with your Department on our Behalf. This Authorization is effective until May 1, 2008.

Officer Signature: *Gavin Blair*

Title: *Vice President and Secretary*